



**AMERICAN HOME ASSURANCE COMPANY**  
 (New Zealand Branch),  
 trading as AIG New Zealand, Incorporated  
 with Limited Liability in the USA. A Member of  
 American International Group, Inc.

16th Floor, ANZ  
 Centre  
 23 Albert Street,  
 P.O. Box 1745,  
 Auckland  
 Phone 09 355 3100  
 Facsimile 09 355  
 3088

## NOTIFICATION OF LIABILITY CLAIM CIRCUMSTANCE

**Please print out for signatures and post original to your broker**

- This form must be completed by a partner or director or principal of the insured. Any questions which are not fully within that person's knowledge must be investigated to obtain such knowledge.
- Copies of all relevant documentation must be attached.

**Policy type (please tick)**

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Professional Indemnity   | <input type="checkbox"/> General Public Liability       | <input type="checkbox"/> Marine Liability |
| <input type="checkbox"/> Employer's liability   | <input type="checkbox"/> Employment practices Liability | <input type="checkbox"/> Other (specify)  |
| Policy number & expiry date   |   |   |
| Name of Insured:  |   |   |
| Postal Address  |   |   |
| Who should we contact to discuss the claim?   |   |   |
| Name: _____   |   | Position _____                            |
| Phone ( ) _____   |   | Email/Fax _____                           |
| Name of the potential Claimant – Contact details:   |   |   |
| Name _____  |   | phone _____                               |
| Address _____   |   |   |
| Email/fax _____   |   |   |
| Who is/are the person/s named in the allegation if any, and/or who performed the work? Name/s & position/s  |   |   |
| _____   |   |   |
| Was this work done for a fee YES/ NO  |   | Other consideration? YES / NO             |
| Explain nature of consideration   |   |   |
| What was the Insured retained to do for the claimant? _____   |   |   |
| On what date was this work performed?        /        /   |   |   |
| What was the earliest date on which ANY person in the Insured firm became aware of the circumstance?        /        /  |   |   |
| Has an allegation or intimation of claim been made yet? YES / NO  |   | If Yes, was it written or verbal? _____   |
| On what date was it made?        /        /   |   | What is the amount claimed? NZ \$         |
| Give full details of the allegation and attach any correspondence. If verbal only, the person concerned to complete a full account of the conversation (attach a statement if required) |   |   |
| _____   |   |   |
| _____   |   |   |
| Please comment fully in answer to the allegation or circumstance. Please give your own estimate of value. NZ\$ _____  |   |   |
| _____   |   |   |
| Please make any other comments, which may be relevant to the circumstance or clarify any answers herein.  |   |   |
| _____   |   |   |

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**DECLARATION & PRIVACY CONSENT**

I/we (print name/s in full) \_\_\_\_\_ with full authority of the Insured, declare on behalf of the Insured that the above answers are true and acknowledge that American Home Assurance Company (NZ Branch) ('AHAC NZ') may rely on such answers in determining indemnity. I/we have not concealed any material fact relating to this circumstance.

I/we undertake to render AHAC NZ every assistance in my/our power in dealing with the matter. I/we understand and acknowledge that failure to co-operate with AHAC NZ and to provide all information relevant or potentially relevant to the circumstance for the efficient conduct of their assessment of indemnity or management of any claim or potential claim which may arise from the circumstance, may result in my/our claim being denied.

**PRIVACY**

**IMPORTANT**

*American Home Assurance Company (New Zealand Branch) ('AHAC NZ') treats all matters disclosed and discussed about our insureds as confidential and will only disclose such information externally if necessary to administer, investigate or manage a claim, unless otherwise required by law. In compliance with the Privacy Act 1993 we need to obtain consent to collect and disclose personal information.*

I/we consent to AHAC NZ, in accordance with the *Privacy Act 1993*:

1. collecting holding and using any personal information submitted with this form for purpose of administering a claim including investigating, assessing and paying any claim made by me/us or on my/our behalf;
2. disclosing personal information submitted to another member of the AIG Group of companies in New Zealand or overseas, their staff members located outside New Zealand, the insured policyholder, other insurers and re-insurers, law enforcement agencies, investigators, lawyers, assessors, advisors and the agent of any of these, insurance broker, insurance agent or intermediary, employer for the purpose of administering my claim or providing a report.
3. Where I/we have provided information about another individual, I/we have also obtained that individual's consent to the above.

*Information is provided to AHAC NZ voluntarily, however if we do not collect this information we may not be able to assess a claim. Insured persons have rights of access and correction to their personal information under the Privacy Act 1993. Further information about rights of access and correction and privacy complaints can be obtained by emailing [privacy.officerNZ@aig.com](mailto:privacy.officerNZ@aig.com)*

*Signature* \_\_\_\_\_ *Date*    /    /

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**Please attach separate sheet if insufficient space provided for any part of this claim notification form**